|  |  |
| --- | --- |
| **FORMS - New mn Logo for Forms with address** | **MS4 question worksheet**  **for 2018 annual report – new permittees**  **Municipal Separate Storm Sewer Systems (MS4s)**  **Reporting period January 1, 2018 to December 31, 2018**  **Due June 30, 2019**  *Copy of questions –* ***Not for submittal*** |

**Instructions: This form is for new permittees only (received coverage under the 2013 MS4 Permit in calendar year 2018).** This form is for your personal use only. Complete the online Annual Report to provide a summary of your activities under the [2013 MS4 Permit](https://www.pca.state.mn.us/sites/default/files/wq-strm4-59k.pdf) (Permit) between January 1, 2018, and December 31, 2018. The online Annual Report and additional information can be found on the Minnesota Pollution Control Agency (MPCA) website at: <https://stormwater.pca.state.mn.us/index.php?title=MS4_Annual_Report>.

**Questions:** Contact Cole Landgraf ([cole.landgraf@state.mn.us](mailto:cole.landgraf@state.mn.us), 651-757-2880)

**Contact information**

**MS4 General contact information**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: | | |  | | | Title: | |  | | |
| Mailing address: | | | |  | | | | | | |
| City: |  | | | | | State: | |  | Zip code: |  |
| Phone: | |  | | | Email: | |  | | | |

**Preparer contact information** *(if different from the MS4 General contact)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: | | |  | | | Title: | |  | | |
| Mailing address: | | | |  | | | | | | |
| City: |  | | | | | State: | |  | Zip code: |  |
| Phone: | |  | | | Email: | |  | | | |

**Minimum Control Measure (MCM) 1: Public education and outreach**

Reminder: Per Appendix A, [Table 3](https://stormwater.pca.state.mn.us/index.php?title=MS4_APPENDIX_A:_SCHEDULES) of the [Permit](https://www.pca.state.mn.us/sites/default/files/wq-strm4-59k.pdf), within 36 months of Permit coverage you are required to develop and implement a Public Education and Outreach program (Permit [Part III.D.1.](https://stormwater.pca.state.mn.us/index.php?title=MS4_PART_III.STORMWATER_POLLUTION_PREVENTION_PROGRAM_(SWPPP))).

**MCM 2: Public participation/involvement**

Reminder: Per Appendix A, [Table](https://stormwater.pca.state.mn.us/index.php?title=MS4_APPENDIX_A:_SCHEDULES) 3 of the [Permit](https://www.pca.state.mn.us/sites/default/files/wq-strm4-59k.pdf), within 36 months of Permit coverage you are required to develop and implement a Public Participation/Involvement program (Permit [Part III.D.2.](https://stormwater.pca.state.mn.us/index.php?title=MS4_PART_III.STORMWATER_POLLUTION_PREVENTION_PROGRAM_(SWPPP))).

**MCM 3: Illicit discharge detection and elimination**

Reminder: Per Appendix A, [Table](https://stormwater.pca.state.mn.us/index.php?title=MS4_APPENDIX_A:_SCHEDULES) 3 of the [Permit](https://www.pca.state.mn.us/sites/default/files/wq-strm4-59k.pdf), within 12 months of Permit coverage you are required to develop, implement, and enforce a regulatory mechanism that effectively prohibits non-stormwater discharges to the small MS4.

|  |  |  |
| --- | --- | --- |
| 2. | Do you have a regulatory mechanism which prohibits non-stormwater discharges to the small MS4? | Yes  No |
|  | If ‘**No**,’ describe why you have not met this requirement and your anticipated timeline to satisfy this requirement. |  |

Per Appendix A, Table 3 of the permit, within 36 months of Permit coverage you are required to develop, implement, and enforce an IDDE program. Since this annual report is for a time period prior to the deadline for this MCM, **the following questions are optional.**

|  |  |  |
| --- | --- | --- |
| 3. | Did you identify any illicit discharges between January 1, 2018 and December 31, 2018? [Part III.D.3.h(4)] | Yes  No |
| 4. | If ‘**Yes**,’ in **Q3**, enter the number of illicit discharges detected: |  |
| 5. | If ‘**Yes**,’ in **Q3**, how did you discover these illicit discharges? Check all that apply and enter the number of illicit discharges discovered by each category: |  |
| 6.  7. | Public Complaint, if so how many:  Staff Report, if so how many: |  |
| 8. | If ‘**Yes**,’ in **Q3**, did any of the discovered illicit discharges result in an enforcement action (this includes verbal warnings)? | Yes  No |
| 9. | If ‘**Yes**,’ in **Q8**, what type of enforcement action(s) were taken and how many of each action were issued between January 1, 2018 and December 31, 2018? Check all that apply:  Verbal warning, if so how many:  Notice of violation, if so how many:  Fines, if so how many:  Criminal action, if so how many:  Civil penalties, if so how many:  Other, if so how many:  If ‘**Othe**r’ box was checked, describe: |  |
| 10. | If ‘**Yes**,’ in **Q8**, did the enforcement action(s) taken sufficiently address the illicit discharge(s)? | Yes  No |
| 11. | If ‘**Yes**,’ in **Q10**, why was the enforcement was not sufficient to address the illicit discharge(s)? |  |
| 12. | Between January 1, 2018 and December 31, 2018, did you train all field staff in illicit discharge recognition (including conditions which could cause illicit discharges) and reporting illicit discharges for further investigations? [Part III.D.3.e.] | Yes  No |
|  |  |  |
| 13. | If ‘**Yes**,’ in **Q12**, how did you train your field staff? Check all that apply:  Email  Powerpoint  Presentation  Video  Field Training  Other: describe |  |
| 14. | Did you modify any of your BMPs, measurable goals, or future plans identified in your SWPPP document for your illicit discharge and elimination (IDDE) program? [Part IV.B.] | Yes  No |
|  | If ‘**Yes**,’ describe those modifications: |  |

**MCM 4: Construction site stormwater runoff control**

**The following questions refer to** [**Part III.D.4.**](https://stormwater.pca.state.mn.us/index.php?title=MS4_PART_III.STORMWATER_POLLUTION_PREVENTION_PROGRAM_(SWPPP)) **of the Permit**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Do you have a regulatory mechanism that is at least as stringent as the MPCA’s general permit to Discharge Stormwater Associated with Construction Activity (CSW Permit) No. Minn. R. 100001 (<http://www.pca.state.mn.us/index.php/view-document.html?gid=18984>) for erosion and sediment controls and waste controls? [[Part III.D.4.a.](https://stormwater.pca.state.mn.us/index.php?title=MS4_PART_III.STORMWATER_POLLUTION_PREVENTION_PROGRAM_(SWPPP))] *The Permit can be found on the MPCA website at* [*https://www.pca.state.mn.us/water/construction-stormwater*](https://www.pca.state.mn.us/water/construction-stormwater) *(titled ‘Minnesota NPDES/SDS Construction Stormwater General Permit’).* | | | Yes  No |
|  | If ‘**No**,’ describe why you have not met this requirement and your anticipated timeline to satisfy this requirement. | | |  |
|  | Have you developed written procedures for site plan reviews as required by the Permit? [[Part III.D.4.b](https://stormwater.pca.state.mn.us/index.php?title=MS4_PART_III.STORMWATER_POLLUTION_PREVENTION_PROGRAM_(SWPPP)).]  If ‘**No**,’ describe why you have not met this requirement and your anticipated timeline to satisfy this requirement. | | | Yes  No |
|  | Do you have written procedures for identifying priority sites for inspection? [[Part III.D.4.d.(1)](https://stormwater.pca.state.mn.us/index.php?title=MS4_PART_III.STORMWATER_POLLUTION_PREVENTION_PROGRAM_(SWPPP))]  If ‘**No**,’ describe why you have not met this requirement and your anticipated timeline to satisfy this requirement. | | | Yes  No |
|  | If ‘**Yes**’ in **Q17**, How are sites prioritized? Check all that apply.  Site topography  Soil characteristics  Types of receiving water(s)  Stage of construction  Compliance history  Weather conditions  Citizen complaints  Project size  Other: describe | | | Yes  No |
|  | Do you have a checklist or other written means to document site inspections to determine compliance with your regulatory mechanism(s)? [[Part III.D.4.d.(4)](https://stormwater.pca.state.mn.us/index.php?title=MS4_PART_III.STORMWATER_POLLUTION_PREVENTION_PROGRAM_(SWPPP))]  If ‘**No**,’ describe why you have not met this requirement and your anticipated timeline to satisfy this requirement. | | | Yes  No |
|  | Do you have written Enforcement Response Procedures (ERPs) to compel compliance with your construction site stormwater runoff control regulatory mechanism(s)? [[Part III.B.](https://stormwater.pca.state.mn.us/index.php?title=MS4_PART_III.STORMWATER_POLLUTION_PREVENTION_PROGRAM_(SWPPP))]  If ‘**No**,’ describe why you have not met this requirement and your anticipated timeline to satisfy this requirement. | | | Yes  No |
|  | Enter the frequency at which site inspections are conducted (e.g. daily, weekly, monthly): [[Part III.D.4.d.(2)](https://stormwater.pca.state.mn.us/index.php?title=MS4_PART_III.STORMWATER_POLLUTION_PREVENTION_PROGRAM_(SWPPP))] | | |  |
|  | Enter the number of trained inspectors that were available for construction site inspections between January 1, 2018 and December 31, 2018: | | |
|  | Provide the contact information for the inspector(s) and/or organization that conducts construction stormwater inspections for your MS4. List your primary construction stormwater contact first if you have multiple inspectors. | | |
|  | **(1) Inspector name:** |  | |
|  | Organization: |  | |
| Phone (office): |  | |
| Phone (work cell): |  | |
| Email: |  |
| Preferred contact method: |  | |
| **(2) Inspector name:** |  | |
|  | Organization: |  | |
| Phone (office): |  | |
| Phone (work cell): |  | |
| Email: |  |
| Preferred contact method: |  | |
| **(3) Inspector name:** |  | |
|  | Organization: |  | |
| Phone (office): |  | |
| Phone (work cell): |  | |
| Email: |  |
| Preferred contact method: |  | |
| What training did inspectors receive? *Check all that apply*.  University of Minnesota Erosion and Stormwater Management Certification Program  Qualified Compliance Inspector of Stormwater (QCIS)  Minnesota Laborers Training Center Stormwater Pollution Prevention Plan Installer or Supervisor  Minnesota Utility Contractors Association Erosion Control Training  Certified Professional in Erosion and Sediment Control (CPESC)  Certified Professional in Stormwater Quality (CPSWQ)  Certified Erosion Sediment and Storm Water Inspector (CESSWI)  Other: describe | | |
| 1. 54. | Between January 1, 2018, and December 31, 2018, did you modify your BMPs, measurable goals, or future plans for your construction site stormwater runoff control program? [[Part IV.B.](https://stormwater.pca.state.mn.us/index.php?title=MS4_PART_IV._ANNUAL_SWPPP_ASSESSMENT,_ANNUAL_REPORTING_AND_RECORD_KEEPING)]  If ‘**Yes**,’ describe those modifications: | | | Yes  No |

**MCM 5: Post-construction stormwater management in new development and redevelopment**

Reminder: Per Appendix A, [Table 3](https://stormwater.pca.state.mn.us/index.php?title=MS4_APPENDIX_A:_SCHEDULES) of the [Permit](https://www.pca.state.mn.us/sites/default/files/wq-strm4-59k.pdf), within 24 months of permit coverage you are required to develop, implement, and enforce a post-construction stormwater management program (Permit [Part III.D.5.](https://stormwater.pca.state.mn.us/index.php?title=MS4_PART_III.STORMWATER_POLLUTION_PREVENTION_PROGRAM_(SWPPP))).

**MCM 6: Pollution prevention/good housekeeping for municipal operations**

Reminder: Per Appendix A, [Table](https://stormwater.pca.state.mn.us/index.php?title=MS4_APPENDIX_A:_SCHEDULES) 3 of the [Permit](https://www.pca.state.mn.us/sites/default/files/wq-strm4-59k.pdf), within 36 months of permit coverage you are required to develop and implement a Pollution Prevention/Good Housekeeping for Municipal Operations program (Permit [Part III.D.6.](https://stormwater.pca.state.mn.us/index.php?title=MS4_PART_III.STORMWATER_POLLUTION_PREVENTION_PROGRAM_(SWPPP))).

**Discharges to impaired waters with an EPA-approved Total Maximum Daily Load (TMDL) that includes an applicable Waste Load Allocation (WLA)**

|  |
| --- |
| You must complete the **TMDL Annual Report Form**, available on the MPCA website at: <http://stormwater.pca.state.mn.us/index.php/Download_page_with_TMDL_forms>.  Attach your completed TMDL Annual report form to the actual Annual Report as instructed within that document. [[Part III.E.](https://stormwater.pca.state.mn.us/index.php?title=MS4_PART_III.STORMWATER_POLLUTION_PREVENTION_PROGRAM_(SWPPP))]   1. [question left blank for you to attach a file] |

**Alum or Ferric Chloride Phosphorus Treatment Systems**

The following questions refer to Part III.F.3.a. of the Permit. Provide the information below as it pertains to your alum or ferric chloride phosphorus treatment system (Permit [Part III.F](https://stormwater.pca.state.mn.us/index.php?title=MS4_PART_III.STORMWATER_POLLUTION_PREVENTION_PROGRAM_(SWPPP)).).

|  |  |  |
| --- | --- | --- |
| 28. | Date(s) of operation: |  |

| **Month** | **Date(s) of operation (mm/dd/yyyy – mm/dd/yyyy)** |
| --- | --- |
| January |  |
| February |  |
| March |  |
| April |  |
| May |  |
| June |  |
| July |  |
| August |  |
| September |  |
| October |  |
| November |  |
| December |  |

| **Month** | **Q29**  **Chemical(s) used for treatment** | **Q30**  **Gallons of alum or ferric chloride treatment** | **Q31**  **Gallons of water treated** | **Q32**  **Calculated pounds of phosphorus removed** |
| --- | --- | --- | --- | --- |
| January |  |  |  |  |
| February |  |  |  |  |
| March |  |  |  |  |
| April |  |  |  |  |
| May |  |  |  |  |
| June |  |  |  |  |
| July |  |  |  |  |
| August |  |  |  |  |
| September |  |  |  |  |
| October |  |  |  |  |
| November |  |  |  |  |
| December |  |  |  |  |

|  |  |
| --- | --- |
| 33. | Any performance issues and corrective action(s), including date(s) when corrective action(s) were taken, between January 1, 2018, and December 31, 2018: |

**Partnerships**

|  |  |  |
| --- | --- | --- |
|  | Did you rely on any other regulated MS4s to satisfy one or more permit requirements? | Yes  No |
|  | If ‘***Yes***’ in **Q34**, describe the agreements you have with other regulated MS4s and which permit requirements the other regulated MS4s help satisfy: [[Part IV.B.6.](https://stormwater.pca.state.mn.us/index.php?title=MS4_PART_IV._ANNUAL_SWPPP_ASSESSMENT,_ANNUAL_REPORTING_AND_RECORD_KEEPING)] |  |

**Additional information**

If you would like to provide any additional files to accompany your Annual Report, use the space below to upload those files. For each space, you may attach one file.

|  |  |
| --- | --- |
|  | [Optional space for you to attach a file] |
|  | [Optional space for you to attach a file] |
|  | [Optional space for you to attach a file] |
|  | Optional, describe the file(s) uploaded: |

**Owner or Operator Certification**

|  |  |
| --- | --- |
| The person with overall administrative responsibility for SWPPP implementation and permit compliance must certify this MS4 Annual Report. This person must be duly authorized and should be either a principal executive (i.e., Director of Public Works, City Administrator) or ranking elected official (i.e., Mayor, Township Supervisor). | |
|  | Yes - *I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete (Minn. R. 7001.0070). I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment (Minn. R. 7001.0540).* |

By typing my name in the following space, I certify the above statements to be true and correct, to the best of my knowledge, and that information can be used for the purpose of processing my MS4 Annual Report.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of certifying official: | | The certifying official must electronically sign the online Annual Report form. | | |
|  | |  | | |
| Title: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | |  | *(mm/dd/yyyy)* |

**Note:** In the online form, you will be prompted to provide the email(s) of the individual(s) you would like to receive the 2018 MS4 Annual Report submittal confirmation email from the MPCA. After you submit the form, please allow up to three business days to receive this confirmation email.

|  |  |
| --- | --- |
| Email (1) |  |
| Email (2) |  |
| Email (3) |  |